Americans with Disabilities Act Survey for Individuals with Disabilities Using City Programs, Services and Facilities City of Fayetteville, NC

The City of Fayetteville is currently updating its Americans with Disabilities Act Self-Evaluation and Transition/Barrier Removal Plans. In order to enhance access to programs and services for individuals with disabilities, the City of Fayetteville is asking for your input.

Name of Person Completing Address (Optional):					_	
Phone: (Optional) Date:						
Name of the City of Fayor	etteville Facility, Progra	m or Service y	you are	providing	Input	on:

The following questions have been developed to determine how individuals with disabilities perceive the City of Fayetteville's ability to provide services and accommodations for individuals with disabilities and to ask for input regarding how programs, services and activities can be more accessible for individuals with disabilities.

Key: NA= Not Applicable, DK= Don't Know

QUESTION	YES	NO	NA	DK	COMMENTS
1. Have you ever requested an accommodation for a disability from the City?					
2. If an accommodation was requested, was your accommodation made by the City?					If yes, what accommodations were made?
3. Have you experienced any <u>exterior</u> barriers, non-accessible areas, or non-accessible programs?					If yes, please describe:
4. Have you experienced any <u>interior</u> barriers, non-accessible areas, or non-accessible programs?					If yes, please describe:
5. Is accessible seating provided for people with disabilities at programs, community events, etc. held by the City?					If no, please describe:

QUESTION	YES	NO	NA	DK	COMMENTS
6. Are you aware of any City programs, services or activities that are not accessible to individuals with disabilities?					If yes, please describe:
7. Are you aware of any areas and elements of the City that are not accessible to individuals with disabilities?					If yes, please describe:
8. Is information provided regarding the City's accommodations, auxiliary aids (such as assistive listening systems, interpreters, alternate formats, specialized equipment, or assisted services, etc.)?					If no, please describe:
9. Is there adequate directional and informational signage provided at City facilities?					If no, please describe:
10. If you have requested City auxiliary aids, interpreters, or specialized equipment, was your request accommodated?					If no, please describe:
11. Do you know who to contact at the City to request accommodations for yourself, a relative, or a friend with a disability?					If yes, who would you contact?
12. Is the attitude of the City (or its employees) toward you, or someone you know with a disability, generally helpful, supportive, positive and proactive in solving accessibility issues?					Please describe:
13. Are there any areas of the City you or someone you know with a disability cannot access?					If yes, please describe:
14. What do you feel is the highest priority for a	ccessib	ility ir	the C	City of	Fayetteville?

15. What accessible?	recommendations	do yo	ı have	for	making	City	services,	programs	or	facilities	more
16. Other o	comments or concer	ns:									

Thank you for your input.

Please return this survey to the **Human Relations Department** of the City of Fayetteville, Attn: **Ron McElrath**, Human Relations Director and ADA Coordinator, 433 Hay Street, Fayetteville, NC 28302. Comments can also be made by e-mail to rmcelrath@ci.fay.nc.us or by phone to (910) 433-1605 or fax to (910) 433-1535.